

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/31/85  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL	2					
TOTAL	18					
TOTAL	20					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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